

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

401 N. Lindbergh Blvd

☐ Check if different than previously reported. (ACC)

St. Louis

MO

63141

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00293910

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin J. Dillard

Signature of Treasurer

Kevin J. Dillard

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2012 To: M M / D D / Y Y Y Y Y Y
09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		153911.24
(b) Cash on Hand at Beginning of Reporting Period.....	20548.74	
(c) Total Receipts (from Line 19)	200487.50	226125.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	221036.24	380036.24
7. Total Disbursements (from Line 31)	128500.00	287500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	92536.24	92536.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
07 01 2012

To:

M M / D D / Y Y Y Y Y Y
09 30 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

183600.00

203650.00

(ii) Unitemized

16887.50

19475.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

200487.50

223125.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

200487.50

223125.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

3000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

200487.50

226125.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

200487.50

226125.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	128500.00	282500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	128500.00	287500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	128500.00	287500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	200487.50	223125.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	200487.50	223125.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John L. Hayes

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : 7696324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Curtis Roy Dunn

Mailing Address 10921 Bentwater Ln

City State Zip Code
Woodbury MN 55129-5236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : 7701832

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Albert Phillip Cavallari

Mailing Address 387 High St

City State Zip Code
Lockport NY 14094-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : 7722296

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Steven A. Dugoni

Mailing Address 620 El Cerrito Ave

City

Hillsborough

State

CA

Zip Code

94010-6823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2012

Transaction ID : 7722359

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Sheila Birth

Mailing Address 2802 Summertree Ln

City

Colleyville

State

TX

Zip Code

76034-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2012

Transaction ID : 7722419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. John C. Ford

Mailing Address 221 Winnetka Ave

City

Winnetka

State

IL

Zip Code

60093-4236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2012

Transaction ID : 7722420

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Barton J. Girdwood

Mailing Address 2048 N State Route 123

City

Lebanon

State

OH

Zip Code

45036-9781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 11 / 2012

Transaction ID : 7723325

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lawrence R. Siegel

Mailing Address 1802 Yardley Rd

City

Yardley

State

PA

Zip Code

19067-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 11 / 2012

Transaction ID : 7725261

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Joseph B. Chadwell

Mailing Address 240 Augustine Dr

City

Spartanburg

State

SC

Zip Code

29306-6927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 11 / 2012

Transaction ID : 7725265

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Cassy B. Wiggins

Mailing Address 17446 E Pondlilly Dr

City

Parker

State

CO

Zip Code

80134-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	2

Transaction ID : 7728170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Rand D. Brown

Mailing Address 7861 Siesta Dr

City

Sandy

State

UT

Zip Code

84093-6204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	2

Transaction ID : 7741088

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Marvin C. Kastrop

Mailing Address 3122 Ben Hogan Pl

City

Billings

State

MT

Zip Code

59106-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	2

Transaction ID : 7741089

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Steven J. Mack

Mailing Address 2836 Eagle Heights Ct

City

Bettendorf

State

IA

Zip Code

52722-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : 7741090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy R. Kuntz

Mailing Address 31166 Highway 12

City

Sioux City

State

IA

Zip Code

51109-9074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : 7741091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John DuPlessis Jr.

Mailing Address 1002 Brookshire Ct

City

Elizabethtown

State

KY

Zip Code

42701-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : 7741092

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jason Schmit

Mailing Address 2101 Timber Wolf Trl Se

City

Cedar Rapids

State

IA

Zip Code

52403-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746305

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Shawn Lehman-Grimes

Mailing Address 4001 Ironwood Dr

City

Greenbrier

State

TN

Zip Code

37073-4147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746306

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. C. William Groesch

Mailing Address 6 Island Bay Ln

City

Springfield

State

IL

Zip Code

62712-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746307

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Bradley Scott Wenande

Mailing Address 2816 W Latigo Trail

City

Sioux Falls

State

SD

Zip Code

57108-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Tania Quinn

Mailing Address 3755 Palazzo Grv

City

Colorado Springs

State

CO

Zip Code

80920-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746309

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Barry Quinn

Mailing Address 3755 Palazzo Grv

City

Colorado Springs

State

CO

Zip Code

80920-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746310

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian R. Jespersen

Mailing Address 2611 Domino Dr

City

Bismarck

State

ND

Zip Code

58503-0828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 7746312

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Dennis Joseph Flanagan

Mailing Address 2376 Malmaison

City

Belvidere

State

IL

Zip Code

61008-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 7746313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Randall C. Welser

Mailing Address 3867 35Th Avenue Ct

City

Moline

State

IL

Zip Code

61265-7877

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 7746314

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jennifer L. Martin

Mailing Address 42 Gentle Creek Pl

City

Danville

State

CA

Zip Code

94526-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Randy Wright

Mailing Address 1460 Keim Cir

City

Geneva

State

IL

Zip Code

60134-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert W. Fry

Mailing Address 12340 S Pflumm Rd

City

Olathe

State

KS

Zip Code

66062-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746317

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brandon A. Owen

Mailing Address 1202 Aruba Dr

City

Fort Collins

State

CO

Zip Code

80525-8858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Noxon

Mailing Address 56 Wareland Rd

City

Wellesley Hills

State

MA

Zip Code

02481-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746319

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. George L. Walker

Mailing Address 1711 W Pearl City Rd

City

Freeport

State

IL

Zip Code

61032-9333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746320

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Carl T. Drake

Mailing Address 38 Conway Cir

City

Bloomington

State

IL

Zip Code

61704-8285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746321

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey J. Sturdivant

Mailing Address 177 58Th Ct

City

West Des Moines

State

IA

Zip Code

50266-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kristen Hurley Fritz

Mailing Address 1199 Joslyn Ridge Ct

City

Apex

State

NC

Zip Code

27502-4314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746323

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Laura Morgan

Mailing Address 410 Victorian Dr

City

Waxahachie

State

TX

Zip Code

75165-6507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Amrit K. Burn

Mailing Address 2221 Fairmount Ave Se

City

Seattle

State

WA

Zip Code

98126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746325

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward V. Brown III

Mailing Address 1256 Bluewater Dr

City

Mandeville

State

LA

Zip Code

70471-7418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Martha Mejia-Maidl

Mailing Address 446 Country Oaks Dr

City

El Paso

State

TX

Zip Code

79932-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher K. Klein

Mailing Address 3520 Piccadilly Ave

City

Mount Vernon

State

IL

Zip Code

62864-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James A. Leithead Jr.

Mailing Address 3214 Portrush Dr

City

Lake Charles

State

LA

Zip Code

70605-5974

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : 7746330

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kelly-Gwynne Fergus

Mailing Address 4119 Cathedral Cv

City

Jonesboro

State

AR

Zip Code

72404-9649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 7746331

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher M. Holahan

Mailing Address 2821 Covey Ct

City

Cedar Falls

State

IA

Zip Code

50613-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 7746332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jane A. Bentz

Mailing Address 3300 Farnam St

City

La Crosse

State

WI

Zip Code

54601-6145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 7746333

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jeremy D. Smith

Mailing Address 4000 Ne Kensington Ave

City

Bentonville

State

AR

Zip Code

72712-8940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason Gladwell

Mailing Address 2316 Rainy Lake St

City

Wake Forest

State

NC

Zip Code

27587-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Traci R. Fernandes

Mailing Address 1975 Estrella Ct

City

San Luis Obispo

State

CA

Zip Code

93405-6189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 242
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gary O. Inman

Mailing Address 338 Briarwood Cir

City

Elizabethtown

State

KY

Zip Code

42701-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746337

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. David Edward Dykhouse

Mailing Address

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Nikole G. Pecora-Yun

Mailing Address 4631 Dimond Way

City

Dimondale

State

MI

Zip Code

48821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746339

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Mart Gaynor McClellan

Mailing Address 1133 Edgewood Rd

City

Lake Forest

State

IL

Zip Code

60045-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joe H. Crain

Mailing Address 6404 Lansdale Rd

City

Fort Worth

State

TX

Zip Code

76116-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John Charles Pritchett

Mailing Address 11980 Bluestone Dr

City

Indianapolis

State

IN

Zip Code

46236-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746342

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Lee M. Romine

Mailing Address 187 Beechwood Ln

City

Natchitoches

State

LA

Zip Code

71457-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey D. Loveless

Mailing Address 1940 Woodcrest Dr Ne

City

Owatonna

State

MN

Zip Code

55060-6247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Samuel J. Frydenlund

Mailing Address 2025 Valleyview Dr

City

Ann Arbor

State

MI

Zip Code

48105-9569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746346

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John M. Pobanz

Mailing Address 5619 Silver Leaf Cir

City

Mountain Green

State

UT

Zip Code

84050-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John A. Gerling

Mailing Address 4420 N 7Th St

City

Mcallen

State

TX

Zip Code

78504-2970

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746348

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard T. Risinger

Mailing Address 168 Bluff Point Rd

City

S Glastonbury

State

CT

Zip Code

06073-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746349

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 242

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Dustin Burleson

Mailing Address 10523 N Euclid Ave

City

Kansas City

State

MO

Zip Code

64155-3263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0			2	0	1	2	

Transaction ID : 7746351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David M. Meyer

Mailing Address 1814 Terrace Dr S

City

Brookings

State

SD

Zip Code

57006-1688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0			2	0	1	2	

Transaction ID : 7746352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Tammy L. Meister

Mailing Address 1605 Summit Ave

City

Saint Paul

State

MN

Zip Code

55105-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0			2	0	1	2	

Transaction ID : 7746353

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 242

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Devan Vest

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jesus Martinez

Mailing Address 848 Brickell Key Dr Apt 604

City	State	Zip Code
Miami	FL	33131-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746356

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John P. Peden

Mailing Address 2552 Admirals Walk Dr S

City	State	Zip Code
Orange Park	FL	32073-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746357

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian C. Crawford

Mailing Address 1340 Cedar Dr

City

Lincoln

State

CA

Zip Code

95648-8260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. George W. Scott

Mailing Address 127 Red Hill Rd

City

Holmdel

State

NJ

Zip Code

07733-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746359

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Laura O. Nichols

Mailing Address 55 Hillside Ave

City

Mill Valley

State

CA

Zip Code

94941-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746360

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Pamela Johnson

Mailing Address 5448 Bending Oaks Place

City State Zip Code
 Downers Grove IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 20 2012

Transaction ID : 7746361

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Carroll L. Sherman

Mailing Address #2 Steeplechase Trl

City State Zip Code
 Longview TX 75605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 20 2012

Transaction ID : 7746362

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ryan J. Haldeman

Mailing Address 59 White Ash Dr

City State Zip Code
 Asheville NC 28803-2491

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 20 2012

Transaction ID : 7746364

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 242
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. A. Thomas Decker

Mailing Address One Ashpod Drive

City Albany State NY Zip Code 12203-4555

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746365

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kathryn Lynn Bielik

Mailing Address 1614 N Leavitt St

City Chicago State IL Zip Code 60647-5410

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Bryan E. Taylor

Mailing Address 1966 Hambleton Dr

City Lorena State TX Zip Code 76655-9744

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746367

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Mark A. Sundberg

Mailing Address 8620 Bedington Dr Se

City

Lacey

State

WA

Zip Code

98513-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746368

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas G. Wilson

Mailing Address 1641 Plum Thicket Ln

City

West Des Moines

State

IA

Zip Code

50266-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746370

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul Nelson

Mailing Address 16508 9Th Pl Nw

City

Shoreline

State

WA

Zip Code

98177-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746371

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael J. Guevara

Mailing Address 59050 Cypress Bayou Ln

City

Lacombe

State

LA

Zip Code

70445-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Albert Landucci

Mailing Address 10 Scenic Way

City

San Mateo

State

CA

Zip Code

94403-3161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746373

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jacqueline L.P. Zimmer

Mailing Address 225 Burgess Rd

City

Geneva

State

IL

Zip Code

60134-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 7746375

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael S. Hipp

Mailing Address 4728 Brookview Dr

City

West Des Moines

State

IA

Zip Code

50265-2996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746376

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. David J. Henderson

Mailing Address 4611 S Eagleview Dr

City

Bloomington

State

IN

Zip Code

47403-9043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 7746377

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Wendell W. Neeley II

Mailing Address 2003 Via Vineda

City

San Antonio

State

TX

Zip Code

78258-4519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 7747022

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Carolyn Jennings

Mailing Address 6802 Northwind Way

City

Crestwood

State

KY

Zip Code

40014-7782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 7747023

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jared C. Blacker

Mailing Address 139 Louise Dr SE

City

Concord

State

NC

Zip Code

28025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 7747024

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Betsy A. Meade

Mailing Address 2685 Powell Ave

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 7747025

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Stuart M. Gutsche

Mailing Address 1812 Hawkweed Way

City

Malvern

State

PA

Zip Code

19355-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : 7747029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard J. Resler Jr.

Mailing Address 6137 Heartwood Trl

City

Saginaw

State

MI

Zip Code

48603-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : 7747030

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles L. Gemmi

Mailing Address 845 Spring House Farm Ln

City

Lower Gwynedd

State

PA

Zip Code

19002-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : 7747032

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James J. Awbrey IV

Mailing Address 1210 Troon Ct

City

Alpharetta

State

GA

Zip Code

30005-6959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	2

Transaction ID : 7747033

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael G. Durbin

Mailing Address 408 Cherry Creek Ln

City

Prospect Heights

State

IL

Zip Code

60070-1095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	2

Transaction ID : 7747036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Kay D. Daniel

Mailing Address 15100 Dendinger Dr

City

Covington

State

LA

Zip Code

70433-6866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	2

Transaction ID : 7747037

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. William M. Couch

Mailing Address 1604 Briarcliff Ct

City State Zip Code
Woodstock GA 30189-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 7747038

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John H. Kelsey

Mailing Address 1146 Oxford Rd

City State Zip Code
Deerfield IL 60015-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 7747039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Carlyn S. Phucas

Mailing Address 59 Bortons Rd

City State Zip Code
Marlton NJ 08053-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749264

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert P. Buck

Mailing Address 1927 Sunset Blvd

City

Houston

State

TX

Zip Code

77005-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749265

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jon J. Sisulak

Mailing Address 8515 S Deerwood Ln

City

Franklin

State

WI

Zip Code

53132-8006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749267

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jay Lawless

Mailing Address 912 Fairway St

City

Bowling Green

State

KY

Zip Code

42103-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749268

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Cyrus M. Alizadeh

Mailing Address 17954 Saddle Horn Rd

City State Zip Code
 Wildwood MO 63038-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 24 2012

Transaction ID : 7749269

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Harold J. Cohen

Mailing Address 7915 Starburst Dr

City State Zip Code
 Baltimore MD 21208-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 24 2012

Transaction ID : 7749270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael H. Moore

Mailing Address 5401 Rockwood Rd

City State Zip Code
 El Paso TX 79932-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 24 2012

Transaction ID : 7749271

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael D. Insoft

Mailing Address 8069 13Th Ave S

City

Saint Petersburg

State

FL

Zip Code

33707-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 7749273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dennis K. Langwith

Mailing Address 4555 41St St

City

Des Moines

State

IA

Zip Code

50310-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 7749274

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael J. Barlow

Mailing Address 2001 Sugarmill Blvd

City

Saint Marys

State

GA

Zip Code

31558-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 7749276

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John Kyle Sparkman

Mailing Address 7901 Continental Pkwy

City State Zip Code
 Amarillo TX 79119-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 24 2012

Transaction ID : 7749277

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Carlson

Mailing Address 3902 Crescent View Ave

City State Zip Code
 Duluth MN 55804-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 24 2012

Transaction ID : 7749278

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric Haney

Mailing Address 421 Greenfield Ave

City State Zip Code
 San Anselmo CA 94960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 24 2012

Transaction ID : 7749279

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas M. Baldwin

Mailing Address 1002 Spindletop

City

Elizabethtown

State

KY

Zip Code

42701-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749280

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. K. Kirby Marine

Mailing Address 16 Timber Ridge Dr

City

Coal Valley

State

IL

Zip Code

61240-9418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kevin C. Duffy

Mailing Address 10958 S 93Rd East Ave

City

Tulsa

State

OK

Zip Code

74133-6191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749284

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kent C. Hall

Mailing Address 1007 Alpine Dr

City State Zip Code
Duncan OK 73533-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749285

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Louis G. Chmura

Mailing Address 604 Laura Ln

City State Zip Code
Marshall MI 49068-9668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Joe E. Bowers

Mailing Address 2612 Thickery

City State Zip Code
Harrison AR 72601-8731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749295

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Timothy J. Sheehan

Mailing Address 604 N 65Th St

City

Omaha

State

NE

Zip Code

68132-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749296

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Corbett K. Stephens

Mailing Address 2933 Shenandoah Dr

City

Tyler

State

TX

Zip Code

75701-6536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749297

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Angela R. Becker

Mailing Address 3619 N County Line Rd W

City

Huntertown

State

IN

Zip Code

46748-9788

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749298

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Kevin Grabouski

Mailing Address 4500 Stoneridge Pt

City

Sioux City

State

IA

Zip Code

51106-9727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 7749299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Wojciech Bobak

Mailing Address 9330 S Cougar Rd

City

Littleton

State

CO

Zip Code

80127-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 7749301

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas H. Williams

Mailing Address PO BOX 1241

City

Wewoka

State

OK

Zip Code

74884-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 7749302

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gary Dean Mundy

Mailing Address 900 Singing Hills Dr

City

El Paso

State

TX

Zip Code

79912-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749303

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. W. Jim Moore Jr.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749304

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael J. Graham

Mailing Address 1772 Morning Dr Ne

City

Cullman

State

AL

Zip Code

35055-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 7749305

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth F. Freer

Mailing Address 4500 Green Valley Rd

City State Zip Code
Fairfield CA 94534-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 24 2012

Transaction ID : 7749306

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael J. Bernard

Mailing Address 1670 Ashford Cir Ne

City State Zip Code
North Canton OH 44720-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 24 2012

Transaction ID : 7749308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lisa A. Lehky

Mailing Address 4959 Hawkins Rd

City State Zip Code
Richfield OH 44286-9539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 24 2012

Transaction ID : 7749309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 242

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Wade J. Najem

Mailing Address 4959 Hawkins Rd

City

Richfield

State

OH

Zip Code

44286-9539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 7749310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ian Thomas

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert J. Gallois

Mailing Address 213 Hawks Hill Rd

City

New Canaan

State

CT

Zip Code

06840-6549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759628

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. J. Dean Jensen

Mailing Address 5881 Versailles Ave

City

Frisco

State

TX

Zip Code

75034-5957

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759629

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr. Jonathan C. Johnson

Mailing Address 7 Corofin Ln

City

Rehoboth Beach

State

DE

Zip Code

19971

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759630

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Cheryl K. Anderson-Cermin

Mailing Address 1974 117Th Ave

City

Dresser

State

WI

Zip Code

54009-4434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759631

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gail E. Schupak

Mailing Address 343 E 30Th St Apt 9M

City

New York

State

NY

Zip Code

10016-6462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759632

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James Adam Hall

Mailing Address 105 Serendipity Cv

City

Hot Springs

State

AR

Zip Code

71913-8660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jennifer Loucks-Buren

Mailing Address 1149 W 28Th St S

City

Newton

State

IA

Zip Code

50208-9031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Richard A. Simms

Mailing Address 29654 Highpoint Rd

City State Zip Code
 Rancho Palos Verdes CA 90275-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 27 2012

Transaction ID : 7759636

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Jay Bowman

Mailing Address 9696 W KL Ave

City State Zip Code
 Kalamazoo MI 49009-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 27 2012

Transaction ID : 7759638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Nicholas S. Ising

Mailing Address 2908 Cambridge Rd

City State Zip Code
 Louisville KY 40220-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 27 2012

Transaction ID : 7759639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Carney D. Loucks

Mailing Address 900 W 18Th St S

City

Newton

State

IA

Zip Code

50208-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759641

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregory Oppenhuizen

Mailing Address 1207 Euna Vista Ct

City

Holland

State

MI

Zip Code

49423-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759642

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Charles F. Bohl

Mailing Address 19125 Alta Vista Dr

City

Brookfield

State

WI

Zip Code

53045-4884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759643

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James B. Gray

Mailing Address 715 Shade Tree Ter

City

Roswell

State

GA

Zip Code

30075-7136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul W. Sproul

Mailing Address 106 Indian Crest Dr

City

Madison

State

AL

Zip Code

35758-7951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759645

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Kurt Thomas Bowers

Mailing Address 19504 Briar Dr

City

Bloomington

State

IL

Zip Code

61705-4034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759646

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Samuel B. Mayfield

Mailing Address 5124 North Dr

City

Moss Point

State

MS

Zip Code

39563-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759648

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Y. de Jesus

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Timothy J. Alford

Mailing Address 1861 N Log Cabin Dr

City

Anderson

State

IN

Zip Code

46011-9167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 7759650

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas D. Hawley

Mailing Address 311 Beacon Falls Ct

City

State

Zip Code

Cary

NC

27519-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Keith B. Dressler

Mailing Address 9 St Ives Way

City

State

Zip Code

Signal Mountain

TN

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759652

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Albert L. Kelling

Mailing Address 5200 Richland Dr

City

State

Zip Code

Raleigh

NC

27612-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759654

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert L. Wilhelm

Mailing Address 1374 Top O The Rock Way

City

State

Zip Code

Monument

CO

80132-9531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2012

Transaction ID : 7759655

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Rebecca Schreiner

Mailing Address 1609 Misty Hollow Ct

City

State

Zip Code

Wildwood

MO

63038-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2012

Transaction ID : 7759656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Carrie Hedin Thangamani

Mailing Address 1350 W Belmont Ave Apt C

City

State

Zip Code

Chicago

IL

60657-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2012

Transaction ID : 7759657

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gary D. Sexson II

Mailing Address 9315 Nicklaus Ln

City

Crystal Lake

State

IL

Zip Code

60014-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard E. Boyd

Mailing Address 2 Enclave Ct

City

Columbia

State

SC

Zip Code

29223-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759659

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William D. Petty

Mailing Address 106 Fairway Dr

City

La Grange

State

IL

Zip Code

60525-5286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759660

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kevin T. Race

Mailing Address N53 W34456 Rd Q

City

Okauchee

State

WI

Zip Code

53069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759661

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Ray Graham

Mailing Address 1322 Chandler Rd Se

City

Huntsville

State

AL

Zip Code

35801-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759662

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. C. Matthew Forster

Mailing Address 181 Compton View Dr

City

Middletown

State

RI

Zip Code

02842-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759663

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth Brehnan

Mailing Address 1886 Centro West St

City

Tiburon

State

CA

Zip Code

94920-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759665

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William R. Caryl Jr.

Mailing Address 4911 Bulrush Rd

City

Syracuse

State

NY

Zip Code

13215-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759666

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Patricia L. Halloran

Mailing Address 53 Park Ave

City

Bronxville

State

NY

Zip Code

10708-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759667

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Krestine Kay Tiziani

Mailing Address 19900 Waterford Pl

City

Excelsior

State

MN

Zip Code

55331-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759668

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lloyd Noel

Mailing Address 420 Sw Riverbend Dr

City

West Linn

State

OR

Zip Code

97068-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Wayne Engen

Mailing Address 16414 N Brannon Ln

City

Spokane

State

WA

Zip Code

99208-8746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759670

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Peter C. Wagner

Mailing Address 518 Penning Rd

City

Chehalis

State

WA

Zip Code

98532-9154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759671

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason Gladwell

Mailing Address 2316 Rainy Lake St

City

Wake Forest

State

NC

Zip Code

27587-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Marvin G. Stephens Jr.

Mailing Address 5801 Covey Ln

City

Tyler

State

TX

Zip Code

75703-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759872

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. J. Don Spillers Jr.

Mailing Address 2859 Hwy 41 N

City State Zip Code
Fort Valley GA 31030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2012

Transaction ID : 7759873

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Whybra J. Duay Jr.

Mailing Address 1209 S Prescott Dr

City State Zip Code
Morgan City LA 70380-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2012

Transaction ID : 7759876

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ross W. Stryker

Mailing Address PO BOX 2132

City State Zip Code
Lebanon MO 65536-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2012

Transaction ID : 7759878

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Vance J. Dykhouse

Mailing Address 5485 NE Northgate Crossing

City State Zip Code
 Lees Summit MO 64064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 27 2012

Transaction ID : 7759879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John B. Whitley Jr.

Mailing Address 7645 Richards Dr

City State Zip Code
 Baton Rouge LA 70809-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 27 2012

Transaction ID : 7759881

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. James B. Donaghey II

Mailing Address 1600 Oak Forest Ct

City State Zip Code
 Mobile AL 36609-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 27 2012

Transaction ID : 7759882

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James L. Vaden

Mailing Address 353 Buck Lake Rd

City

Cookeville

State

TN

Zip Code

38506-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759883

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James R. Snodgrass

Mailing Address 1114 Bishop Walsh Rd

City

Cumberland

State

MD

Zip Code

21502-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 7759884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric R. Nease

Mailing Address 617 Weymouth Dr

City

Spartanburg

State

SC

Zip Code

29302-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 7761433

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James M. Crouse

Mailing Address 22786 Nanticoke Rd

City

Quantico

State

MD

Zip Code

21856-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

Transaction ID : 7761438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas E. Albert

Mailing Address 12656 Biscayne Ct

City

Naples

State

FL

Zip Code

34105-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

Transaction ID : 7761441

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ralph D. Jackson III

Mailing Address 6201 Bradford Dr

City

Alexandria

State

LA

Zip Code

71303-2382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	2

Transaction ID : 7761442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Maginnis

Mailing Address 24 Graham Ln

City

Hilton Head Island

State

SC

Zip Code

29926-1475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 7761443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Derid Ure

Mailing Address 1015 Kirby Avenue

City

Lubbock

State

TX

Zip Code

79416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 7761444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Anthony C. Broccoli Jr.

Mailing Address 5 Shipman Rd

City

Andover

State

MA

Zip Code

01810-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 7761445

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John F. Buzzatto

Mailing Address 4012 Letort Ln

City

Allison Park

State

PA

Zip Code

15101-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0		2	0	1	2		

Transaction ID : 7761448

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. James Dudley Whitehead III

Mailing Address 320 Newridge Rd

City

Lexington

State

SC

Zip Code

29072-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0		2	0	1	2		

Transaction ID : 7761449

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Taylor

Mailing Address 3301 N K Ctr Apt CH203

City

McAllen

State

TX

Zip Code

78501-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0		2	0	1	2		

Transaction ID : 7761450

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Linda K. Colter

Mailing Address 13444 Grotto Rd

City

Brazil

State

IN

Zip Code

47834-8960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 7761467

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Benjamin E. Foster

Mailing Address 620 Southern Trace Pkwy

City

Shreveport

State

LA

Zip Code

71106-9323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 7761468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Leland A. Harris

Mailing Address 3513 Greenwood Pl

City

Deer Park

State

TX

Zip Code

77536-5772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 7761469

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. L. Donald Mayer

Mailing Address 500 N Jackson At Guadalupe

City

La Grange

State

TX

Zip Code

78945-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : 7761470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David A. Zysik

Mailing Address 13964 State Highway 37

City

Massena

State

NY

Zip Code

13662-3168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : 7761471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Larry C. Smedley

Mailing Address 188 Pheasant Run Rd

City

West Chester

State

PA

Zip Code

19380-6668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : 7771317

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Allen B. Kerr

Mailing Address 901 John Q Adams St

City

Oregon City

State

OR

Zip Code

97045-1924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bartley Howell Benson

Mailing Address 130 Geers Dr

City

Lebanon

State

TN

Zip Code

37087-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771319

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Stanley Gersch

Mailing Address 39 Scudder Rd

City

Westfield

State

NJ

Zip Code

07090-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771320

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Stephen Koonce

Mailing Address 109 Ivy Ln

City

Florence

State

AL

Zip Code

35630-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771321

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lateefah Washington

Mailing Address 6535 Deseo Apt 3094

City

Irving

State

TX

Zip Code

75039-3185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Donald W. Hunt Jr.

Mailing Address 232 Camille Ave

City

Greenville

State

SC

Zip Code

29605-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771323

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Derek John Brown

Mailing Address 3908 Ne Nightingale

City

Bentonville

State

AR

Zip Code

72712-8934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771325

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John C. Aamodt

Mailing Address 1329 Fairmount Ave

City

Saint Paul

State

MN

Zip Code

55105-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Perry M. Opin

Mailing Address 520 Sportsman Rd

City

Orange

State

CT

Zip Code

06477-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gregory W. Sanford

Mailing Address 91 Kettle Creek Rd

City

Weston

State

CT

Zip Code

06883-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Todd K. Rowe

Mailing Address 710 Leominster Rd

City

Lunenburg

State

MA

Zip Code

01462-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald N. Cummings

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771330

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Harold L. Middleberg

Mailing Address 132 Whitney Ln

City

Richboro

State

PA

Zip Code

18954-1078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771331

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Marianne A. DiCerbo

Mailing Address 41 Darnley Greene

City

Delmar

State

NY

Zip Code

12054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffery Craig Summers

Mailing Address 2362 Roper Mountain Rd

City

Simpsonville

State

SC

Zip Code

29681-4936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771334

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gayle Glenn

Mailing Address 3922 Travis St Apt 12

City State Zip Code
 Dallas TX 75204-1765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : 7771335

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. P. Justin Power

Mailing Address 4601 Nw 162Nd Ct

City State Zip Code
 Edmond OK 73013-3261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : 7771336

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark E. Hixson

Mailing Address 3501 Catalano Dr

City State Zip Code
 Raleigh NC 27607-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : 7771337

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Charles M. Krowicki

Mailing Address 456 Mine Rd

City

Asbury

State

NJ

Zip Code

08802-1181

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : 7771338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Catherine Oden Fulton

Mailing Address 215 Brooke Ave Apt 904

City

Norfolk

State

VA

Zip Code

23510-1237

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : 7771339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary R. Wolf

Mailing Address 204 S Main St

City

Milan

State

OH

Zip Code

44846-9478

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : 7771340

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 242

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Corbin J. Turpin III

Mailing Address 1402 E Georgia Ave

City

Ruston

State

LA

Zip Code

71270-4079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Caban

Mailing Address 19 Oak Hollow Dr

City

Longmeadow

State

MA

Zip Code

01106-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Ries

Mailing Address 108 Dayspring Dr

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771346

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert J. Brown

Mailing Address 8200 Crossgate Ct N

City State Zip Code
Dublin OH 43017-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 31 2012

Transaction ID : 7771347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Marie E. Lathrop

Mailing Address 3310 Se Bybee Blvd

City State Zip Code
Portland OR 97202-8238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 31 2012

Transaction ID : 7771349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory A. McKenna

Mailing Address 22 Lyndenwood Dr

City State Zip Code
Brookfield CT 06804-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 31 2012

Transaction ID : 7771350

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. William G. Horbaly

Mailing Address 4215 Redwood Ln

City

Earlsville

State

VA

Zip Code

22936-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David Mansour

Mailing Address 55 W Church St Apt 2015

City

Orlando

State

FL

Zip Code

32801-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771353

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas G. DiMassa

Mailing Address 24672 Wildwood Dr

City

Westlake

State

OH

Zip Code

44145-4972

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771355

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 79 OF 242
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. William J. McLendon

Mailing Address 61 Old Mountain Rd

City

Powder Springs

State

GA

Zip Code

30127-4314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : 7771356

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bert D. Rouleau

Mailing Address 1020 Runnymead Ct

City

Los Altos

State

CA

Zip Code

94024-5563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : 7771357

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven P. Hearne

Mailing Address 5000 Gardner Ln

City

Suffolk

State

VA

Zip Code

23434-7094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : 7771359

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Marian Schmitt Wolford

Mailing Address 638 W 6Th St

City

State

Zip Code

Erie

PA

16507-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771360

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Susan M. Lempert

Mailing Address 978 Hobbs Rd

City

State

Zip Code

Radnor

PA

19087-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771361

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Dallas H. Margeson

Mailing Address 1102 N Harding St

City

State

Zip Code

Albany

GA

31701-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771362

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Edward Philip Snyder

Mailing Address 960 Deep Run Rd

City

Martinsville

State

VA

Zip Code

24112-6679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771363

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Henry S. Zaytoun Jr.

Mailing Address 325 Buncombe St

City

Raleigh

State

NC

Zip Code

27609-6311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Nancy L. Gum

Mailing Address 1434 Cherry Ave

City

San Jose

State

CA

Zip Code

95125-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Timothy J. Tremont

Mailing Address 3 Concord Dr

City State Zip Code
 Mckeesport PA 15135-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : 7771373

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Darrel R. Sherman

Mailing Address 1200 Hillcrest Dr

City State Zip Code
 Longview TX 75601-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : 7771374

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Geoffrey Michael Glick

Mailing Address 12 Metcalf Dr

City State Zip Code
 Holliston MA 01746-2277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : 7771375

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 242

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo J. Gerlein

Mailing Address 9133 Vendome Dr

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : 7771377

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Matthew Nondorf

Mailing Address 301 Andover Dr

City	State	Zip Code
Valparaiso	IN	46383-1393

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : 7771378

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Frank P. Rudey

Mailing Address 9407 SE 52nd St

City	State	Zip Code
Mercer Island	WA	98040

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : 7771379

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John Melling

Mailing Address 73 S Mill St

City

Hopkinton

State

MA

Zip Code

01748-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771380

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Evan G. Wilson

Mailing Address 6738 Reims Court

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771382

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David T. Copus

Mailing Address 1106 Carrie Lynn Dr

City

Bay City

State

MI

Zip Code

48706-9398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771383

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert B. Campbell

Mailing Address 5103 Celline Ct

City

Wilmington

State

NC

Zip Code

28409-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771385

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Adam S. Daniels

Mailing Address 217 Rollingbrook

City

Windsor

State

CT

Zip Code

06095-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Virginia A. Mennemeyer

Mailing Address 145 Fairway Ln

City

Troy

State

MO

Zip Code

63379-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771387

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth A. Doleski

Mailing Address 536 California Dr

City

State

Zip Code

Erie

PA

16505-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Barry F. Rouch

Mailing Address 8208 Scenic Ridge Cv

City

State

Zip Code

Austin

TX

78735-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771389

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Anthony E. Bisconti

Mailing Address 4006 Via Cassia

City

State

Zip Code

Youngstown

OH

44514-5349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert K. Cavanaugh

Mailing Address 2308 Throughwoods Dr

City

Valparaiso

State

IN

Zip Code

46385-7303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kamp Richard Meyer

Mailing Address 4160 Penrose Pl

City

Rapid City

State

SD

Zip Code

57702-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark P. Brieden

Mailing Address 7400 Northport Ave Ne

City

Rockford

State

MI

Zip Code

49341-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771394

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Mary Cay Koen

Mailing Address 101 Hidden Way Ct

City

Hendersonville

State

TN

Zip Code

37075-5549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771395

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Claude R. Stephens Jr.

Mailing Address 4360 Red Oak Cir

City

Midlothian

State

TX

Zip Code

76065-4860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771396

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Philip J. Corbin

Mailing Address 2605 Lipscomb

City

Amarillo

State

TX

Zip Code

79109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771398

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Albert Phillip Cavallari

Mailing Address 387 High St

City

Lockport

State

NY

Zip Code

14094-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : 7771399

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David L. Hime

Mailing Address 5200 Rico Cv

City

Austin

State

TX

Zip Code

78731-1178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : 7771400

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kendra Smedley Adey

Mailing Address 412 Misak Dr

City

West Chester

State

PA

Zip Code

19380-6331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	2

Transaction ID : 7771401

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John J. Brady Jr.

Mailing Address 117 N Providence Rd

City

Hazle Township

State

PA

Zip Code

18202-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick Riggs Briscoe

Mailing Address 185 Timber Falls Dr

City

Longview

State

TX

Zip Code

75605-8288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771403

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Larry Sean Mullins

Mailing Address 200 Trammell Rd

City

Bristol

State

TN

Zip Code

37620-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771405

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. K. George Elassal

Mailing Address 12313 Swanhaven Dr

City State Zip Code
 Oklahoma City OK 73170-4749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen J. Belli

Mailing Address 647 Rustic Knoll Dr

City State Zip Code
 Kent OH 44240-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. W. Ray Sprayberry

Mailing Address 426 Cordillera Trce

City State Zip Code
 Boerne TX 78006-5722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771409

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John L. Schuler

Mailing Address 4017 W Tangleoaks Ct

City
Peoria

State
IL

Zip Code
61615-8909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott D. Copeland

Mailing Address 132 E Broadway

City
Derry

State
NH

Zip Code
03038-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771437

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John Slattery

Mailing Address 3221 Crescent Rim

City
Boise

State
ID

Zip Code
83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771438

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Joseph R. Pfeffer Jr.

Mailing Address 160 Stonehedge Rd

City

Holidaysburg

State

PA

Zip Code

16648-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2012

Transaction ID : 7771439

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey W. Vecere

Mailing Address 12 Romney Pl E

City

Cape May Court House

State

NJ

Zip Code

08210-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2012

Transaction ID : 7771441

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian A. Schlueter

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 31 / 2012

Transaction ID : 7771442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David Alan Twesme

Mailing Address RR 9 BOX 1280

City

Florence

State

AL

Zip Code

35633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Wendell R. Stuntz

Mailing Address 450 Lincoln Ave

City

Council Bluffs

State

IA

Zip Code

51503-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gail Alicia Kirkland-Briscoe

Mailing Address 17006 Federal Hill Ct

City

Bowie

State

MD

Zip Code

20716-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : 7771446

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Loring L. Ross

Mailing Address 212 81St Ave N

City State Zip Code
 Myrtle Beach SC 29572-4340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : 7771447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Diane S. Paxton

Mailing Address 4427 S Madison Rd

City State Zip Code
 Spokane Valley WA 99206-8305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : 7771448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven L. Hechler

Mailing Address 11533 Canterbury Cir

City State Zip Code
 Leawood KS 66211-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : 7771452

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. S. Kendall Dunn

Mailing Address 256 Timberlane Rd

City

State

Zip Code

Pike Road

AL

36064-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771453

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark M. Dale

Mailing Address 3368 Colbert Ave Nw

City

State

Zip Code

Buffalo

MN

55313-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard M. Garlitz

Mailing Address 3145 Laurel Ridge Rd Nw

City

State

Zip Code

Hickory

NC

28601-9049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 7771455

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Erin L. McCutchen

Mailing Address 2117 Buckingham Rd

City

Raleigh

State

NC

Zip Code

27607-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771456

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard P. Fisher

Mailing Address 451 Marnie Ln

City

Peshtigo

State

WI

Zip Code

54157-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771458

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephen E. Searcy

Mailing Address 114 Wembley Rd

City

Lafayette

State

LA

Zip Code

70503-3567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 7771459

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Patricia B. Timmeny

Mailing Address 3 Premier Dr

City

Londonderry

State

NH

Zip Code

03053-6122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 7776032

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony Myers Puntillo

Mailing Address 1600 Foulis Ct

City

Chesterton

State

IN

Zip Code

46304-8949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 7776295

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Tracie Michelle Resler

Mailing Address 6137 Heartwood Trl

City

Saginaw

State

MI

Zip Code

48603-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 7776296

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Victoria M. Switzer

Mailing Address 9716 Natalies Way

City

Ellicott City

State

MD

Zip Code

21042-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 7776297

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lori Anderson Aiosa

Mailing Address 1894 Osprey Bluff Blvd

City

Orange Park

State

FL

Zip Code

32003-7937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 7776309

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles Allen Chance

Mailing Address 9501 Berkley Walkway #216

City

Knoxville

State

TN

Zip Code

37931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : 7776310

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Paul M. Hobday

Mailing Address 4720 Yuma Ln N

City

Plymouth

State

MN

Zip Code

55446-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : 7776311

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Seth C. Kleinrock

Mailing Address 5 Milbar Heath

City

Hewlett

State

NY

Zip Code

11557-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : 7776312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Phuong Nguyen

Mailing Address 5621 Saint Helena Pl

City

New Orleans

State

LA

Zip Code

70129-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : 7776313

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Joseph G. Kunnel

Mailing Address 2328 Phillips Dr

City

Glenview

State

IL

Zip Code

60026-1175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 7777819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick F. Foley

Mailing Address 50 Lynn Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-9156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 7777821

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Robert (Tito) Alan Norris

Mailing Address 244 Canada Verde St

City

San Antonio

State

TX

Zip Code

78232-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 7777824

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Peter F. Bayer

Mailing Address 257 W Miracle Strip Pkwy

City

Mary Esther

State

FL

Zip Code

32569-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ibrahim Y. Alhussain

Mailing Address 8869 Olive Mae Cir

City

Fairfax

State

VA

Zip Code

22031-1479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Nicholas P. Mellion

Mailing Address 8715 Baneberry Cir Nw

City

Clinton

State

OH

Zip Code

44216-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777828

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert E. Williams

Mailing Address 1209 Stevenson Ln

City

Towson

State

MD

Zip Code

21286-7334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777829

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard E. McClung

Mailing Address RR 2 BOX 272B

City

Lewisburg

State

WV

Zip Code

24901-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777830

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Hilton Goldreich

Mailing Address 2204 Bradbury Ct

City

Plano

State

TX

Zip Code

75093-4351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777831

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas G. Rice

Mailing Address 27 Washington St

City

State

Zip Code

Bath

ME

04530-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777834

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. J. Joseph Hannah

Mailing Address 4910 W 87Th Ter

City

State

Zip Code

Prairie Village

KS

66207-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John G. Kharouf

Mailing Address 23570 Wilderness Canyon Cir

City

State

Zip Code

Rapid City

SD

57702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777836

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael L. Gold

Mailing Address 1743 E Handel St

City

Meridian

State

ID

Zip Code

83646-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777837

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert B. Meyer

Mailing Address 110 Widecombe Ct

City

Cary

State

NC

Zip Code

27513-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Darin B. Iverson

Mailing Address 6858 Saint Albans Rd

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777840

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Joseph Blasius

Mailing Address 885 Greenbush Rd

City

Charlotte

State

VT

Zip Code

05445-9660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan W. Irvin

Mailing Address 106 Elmwood Dr

City

Greensboro

State

NC

Zip Code

27408-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. James S. Henson Jr.

Mailing Address 58 Lake Rd

City

Lake Jackson

State

TX

Zip Code

77566-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Alex J. Brandon

Mailing Address 34605 Calle Portola

City

Capistrano Beach

State

CA

Zip Code

92624-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. R. Baker Rawlins II

Mailing Address 200 Partridge Way

City

Kennett Square

State

PA

Zip Code

19348-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777846

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael S. Apton

Mailing Address 5 N Ridge Rd

City

Setauket

State

NY

Zip Code

11733-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777848

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Ronald T. Metelka

Mailing Address 1628 S Cumberland Ave

City

Park Ridge

State

IL

Zip Code

60068-5269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 7777849

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott Patrick Werner

Mailing Address 5335 Normandy Ave

City

Memphis

State

TN

Zip Code

38120-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 7777850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kevin E. Kelleher

Mailing Address 4210 Kensington Ave

City

Richmond

State

VA

Zip Code

23221-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 7777851

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Eric R. Gheewalla

Mailing Address 62 High St

City

Winchester

State

MA

Zip Code

01890-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777852

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Norman N. Salome

Mailing Address 12506 River Bnd

City

Austin

State

TX

Zip Code

78732-6116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Louis J. Hardy

Mailing Address 36 Silver Rdg

City

Veazie

State

ME

Zip Code

04401-7080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777854

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Dale Anne Featheringham

Mailing Address 676 Oxford St

City

Worthington

State

OH

Zip Code

43085-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. F. Erik Schonberg

Mailing Address 3418 Rilman Rd Nw

City

Atlanta

State

GA

Zip Code

30327-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777856

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory F. Kubik

Mailing Address 6808 Oakwood Manor Dr

City

Crystal Lake

State

IL

Zip Code

60012-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777857

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John D. Callahan

Mailing Address 2425 E Lake Rd

City

Skaneateles

State

NY

Zip Code

13152-8903

FEC ID number of contributing
federal political committee.

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : 7777858

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. Dr. David C. Gehring

Mailing Address 3805 Green Valley Ln

City

Toddville

State

IA

Zip Code

52341-9661

FEC ID number of contributing
federal political committee.

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : 7777860

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Dr. Joseph T. Mellion

Mailing Address 2820 Roundhill Rd

City

Akron

State

OH

Zip Code

44333-2272

FEC ID number of contributing
federal political committee.

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : 7777861

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John R. Firth

Mailing Address 10420 Starhill Acres Dr

City

Saint Louis

State

MO

Zip Code

63128-3244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : 7777862

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan C. Perry

Mailing Address 3104 Greenleaf Ln

City

Lake Charles

State

LA

Zip Code

70605-3967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : 7777863

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregg R. Fader

Mailing Address One Jordan Ln

City

Ardsley

State

NY

Zip Code

10502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : 7777864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Donald C. Wilson

Mailing Address 3132 Sw Westover Rd

City

Topeka

State

KS

Zip Code

66604-2587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777865

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John E. Murphy

Mailing Address 870 Colcord Pl

City

Glen Ellyn

State

IL

Zip Code

60137-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777866

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James D. Campbell

Mailing Address 3107 W 30Th Ct

City

Panama City

State

FL

Zip Code

32405-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777867

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Dale Edward Fehr

Mailing Address 85 Kennelworth Cir

City

Hampton

State

IL

Zip Code

61256-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Tom H. Shelly

Mailing Address 714 15Th Ave N

City

Fort Dodge

State

IA

Zip Code

50501-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777869

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David L. Meyer

Mailing Address 2933 Spring Oaks Ct

City

Dubuque

State

IA

Zip Code

52001-7506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Paul M. Kasrovi

Mailing Address 15 Selborne Dr

City

Piedmont

State

CA

Zip Code

94611-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777871

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy M. Reddy

Mailing Address 3110 Apple Orchard Ln

City

Cincinnati

State

OH

Zip Code

45248-2868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777872

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel B. Snead

Mailing Address 5043 Brill Pt

City

Tallahassee

State

FL

Zip Code

32312-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777873

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Patrick James Nolan

Mailing Address 11118 Bradley Ct

City
Plymouth

State
MI

Zip Code
48170-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777874

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Eloisa S. Garcia

Mailing Address 214 Keystone Ave

City
River Forest

State
IL

Zip Code
60305-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777876

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven M. Austin

Mailing Address 418 S Poplar St

City
Lincolnton

State
NC

Zip Code
28092-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777877

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Cramer L. Boswell

Mailing Address 19475 Kimberlin Rd

City

Abingdon

State

VA

Zip Code

24210-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John F. Oliver

Mailing Address 2414 Crockett Dr

City

Brownwood

State

TX

Zip Code

76801-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. David O. Adame

Mailing Address 7508 N. 3rd St.

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 242

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Leigh Bayer Curtis

Mailing Address 1066 Windmill Dr

City

Fort Walton Beach

State

FL

Zip Code

32547-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777881

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael D. Williams

Mailing Address 130 Cedar Woods Trl

City

Canton

State

GA

Zip Code

30114-9793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : 7777882

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Peder A. Gaalaas

Mailing Address 1007 Nw 4Th Ave

City

Grand Rapids

State

MN

Zip Code

55744-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : 7787743

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 242
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth B. Messer

Mailing Address 1017 Grand Ave

City State Zip Code
Keokuk IA 52632-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2012

Transaction ID : 7787746

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard L. Sikora

Mailing Address 2102 Oakwood Ave

City State Zip Code
Bloomington IL 61704-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2012

Transaction ID : 7787747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Bradley D. Smith

Mailing Address 645 Woodvalley Dr

City State Zip Code
Pittsburgh PA 15238-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2012

Transaction ID : 7787748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Fred A. Booth Jr.

Mailing Address 112 Parkview Ave

City State Zip Code
Fayetteville NC 28305-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2012

Transaction ID : 7787749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Idalia Lastra

Mailing Address 2001 Sw 4Th Ave

City State Zip Code
Miami FL 33129-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2012

Transaction ID : 7787750

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Damon Warren De Arment

Mailing Address 804 Armistead St

City State Zip Code
Winchester VA 22601-6703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2012

Transaction ID : 7787751

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James L. Wetzel Jr.

Mailing Address 3305 Bella Vista Dr

City

Casper

State

WY

Zip Code

82601-5367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : 7787752

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kimberly J. McNeal

Mailing Address 632 County Road 43400

City

Paris

State

TX

Zip Code

75462-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : 7787753

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Maurice J. Belden

Mailing Address 176 Academy St

City

Presque Isle

State

ME

Zip Code

04769-3185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : 7787754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Fred A. Garrett

Mailing Address 11511 Habersham Ln

City

Houston

State

TX

Zip Code

77024-6518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : 7787755

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Sherri Jo Reuland

Mailing Address 13469 Peninsula Rd

City

Whitehouse

State

TX

Zip Code

75791-8317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : 7787763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Joseph F. Coniglio

Mailing Address 5414 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78412-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793149

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John M. Damas

Mailing Address 4 Sorrel

City

Lemont

State

IL

Zip Code

60439-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793150

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Robert Nelson

Mailing Address 4405 Highland Rd

City

Minnetonka

State

MN

Zip Code

55345-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793151

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Saul M. Burk

Mailing Address One Reach Court

City

Potomac

State

MD

Zip Code

20854-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793154

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Diana Almy

Mailing Address 10618 Spotsylvania Ave

City

Fredericksburg

State

VA

Zip Code

22408-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793155

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kimberly H. Travers

Mailing Address 3613 Cedar Ln

City

Dallas

State

TX

Zip Code

75234-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Rana Barakat

Mailing Address 1314 Millfarm Dr

City

Vienna

State

VA

Zip Code

22182-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793157

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 242

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth S. Hauser

Mailing Address 119 17Th St

City

Wilmette

State

IL

Zip Code

60091-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793158

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Carly C. Cunningham

Mailing Address 235 Needham Rd

City

Dripping Springs

State

TX

Zip Code

78620-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James Richard Karpac

Mailing Address 5816 Leven Links Ct

City

Dublin

State

OH

Zip Code

43017-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793162

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Timothy G. Wilson

Mailing Address 11429 Pleasant Valley Rd

City
Smithsburg

State
MD

Zip Code
21783-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Marlin S. Salmon

Mailing Address 412 Garden Dr

City
Batavia

State
NY

Zip Code
14020-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793164

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John S. Kanyusik

Mailing Address 201 Indian Hill Rd

City
Mankato

State
MN

Zip Code
56001-8940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793165

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Audrey M. Boutros

Mailing Address 4124 Emory Ave

City

Houston

State

TX

Zip Code

77005-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Donald L. Feldman

Mailing Address 10 N Hill Dr

City

Lynnfield

State

MA

Zip Code

01940-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793167

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Greg C. Nalchajian

Mailing Address 1080 E Kelso Ave

City

Fresno

State

CA

Zip Code

93720-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793168

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Nicole Nalchajian

Mailing Address 1937 E Lester Ave

City

Fresno

State

CA

Zip Code

93720-1989

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793169

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Amy F. Anderson

Mailing Address 1700 80Th St N

City

Saint Petersburg

State

FL

Zip Code

33710-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas J. Marcel

Mailing Address 2084 4Th St

City

Livermore

State

CA

Zip Code

94550-4460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793172

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. William L. Kochenour II

Mailing Address 248 Shore Dr

City

Palm Harbor

State

FL

Zip Code

34683-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jon Ethan Golub

Mailing Address 50 Blueberry Dr

City

Woodcliff Lake

State

NJ

Zip Code

07677-8106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793175

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Morris N. Poole

Mailing Address 55 Bristol Rd

City

Logan

State

UT

Zip Code

84341-2194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793177

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. George A. Bullock

Mailing Address 1991 Buckingham Dr

City

Jamison

State

PA

Zip Code

18929-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Sidney M. Craft

Mailing Address 5827 Wanakah Dr

City

Houston

State

TX

Zip Code

77069-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793179

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William Norman Prillaman II

Mailing Address 1353 Thompson Ln

City

Forest

State

VA

Zip Code

24551-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793180

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Pelletier

Mailing Address 4 Island Pond Rd

City

Dracut

State

MA

Zip Code

01826-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Barry D. McNew

Mailing Address 805 Sahara Dr

City

Greenville

State

TX

Zip Code

75402-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward J. Wnek

Mailing Address 6345 Grand Vista Ave

City

Cincinnati

State

OH

Zip Code

45213-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793187

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Barry E. Booth

Mailing Address 439 Sunset Ave

City

La Grange

State

IL

Zip Code

60525-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793188

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven G. Garrett

Mailing Address 788 Johnston Ct

City

Winchester

State

VA

Zip Code

22601-6718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793189

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David A. Sanders

Mailing Address 6016 Woodland Bluff Rd

City

Morgantown

State

WV

Zip Code

26508-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Keri Barrow

Mailing Address 4404 S Vista Ln

City

Sioux Falls

State

SD

Zip Code

57105-6860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793193

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kevin D. Horner

Mailing Address 2515 W Sleigh Creek Cir

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793194

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert F. Garrison

Mailing Address 231 Palmer Dr

City

Lexington

State

SC

Zip Code

29072-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793195

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John J. Sahlaney

Mailing Address 425 Pine Valley Dr

City
Bridgeville

State
PA

Zip Code
15017-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bruce J. Jiorle

Mailing Address 59 Country Acres Dr

City
Hampton

State
NJ

Zip Code
08827-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Timothy J. Glupker

Mailing Address 3550 64Th Ave

City
Zeeland

State
MI

Zip Code
49464-9516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793198

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas L. Ahman

Mailing Address 2777 Shagbark Dr

City	State	Zip Code
Lima	OH	45806-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : 7793200

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Susan Gail Tierney

Mailing Address 154 Nassau Blvd

City	State	Zip Code
Garden City	NY	11530-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : 7793201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Elizabeth M. Graham

Mailing Address 241 Melrose Ave

City	State	Zip Code
Kenilworth	IL	60043-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : 7793202

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Salvatore J. Manente

Mailing Address 49 Forest Creek Ct

City

Grand Island

State

NY

Zip Code

14072-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bonnie Daniels Wheatley

Mailing Address 608 Gilbert Ct

City

Winchester

State

KY

Zip Code

40391-8752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793204

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Lee Lundberg

Mailing Address 18 Covey Rd

City

Underhill

State

VT

Zip Code

05489-9473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793205

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael L. Keim

Mailing Address 4468 Oakcreek Dr S

City

Fargo

State

ND

Zip Code

58104-6620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher M. Brieden

Mailing Address 700 N Riverside Ave

City

Saint Clair

State

MI

Zip Code

48079-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793210

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael L. Keim

Mailing Address 4468 Oakcreek Dr S

City

Fargo

State

ND

Zip Code

58104-6620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793211

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Douglas A. Jolstad

Mailing Address 20770 Linwood Rd

City

Excelsior

State

MN

Zip Code

55331-9386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793212

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard U. Mattson

Mailing Address 3001 Castle Garden Way

City

Olney

State

MD

Zip Code

20832-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Preston D. Miller III

Mailing Address 19 Northwood Ave

City

Jackson

State

TN

Zip Code

38301-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793214

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Anthony W. Durall

Mailing Address #9 Hilltop Dr

City

Owensboro

State

KY

Zip Code

42303-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher G. Bruch

Mailing Address 5025 Huckleberry Dr

City

Great Falls

State

MT

Zip Code

59404-4622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel L. Foley

Mailing Address 163 Dogwood Ct

City

Daniels

State

WV

Zip Code

25832-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : 7793217

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Steven D. Peterson

Mailing Address 5536 Lake Mendota Dr

City

Madison

State

WI

Zip Code

53705-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Devek Kent Frech

Mailing Address 2700 Cooke Ave

City

Wichita Falls

State

TX

Zip Code

76308-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William H. Brown

Mailing Address 1502 St James Pl

City

Kinston

State

NC

Zip Code

28504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : 7793220

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael A. Prisco

Mailing Address 1019 Washington Ave

City State Zip Code
 Pelham NY 10803-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : 7794823

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael D. Rains

Mailing Address 9209 S Colina 3200

City State Zip Code
 Whittier CA 90605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : 7794824

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John M. Underhill

Mailing Address 87 Henry Case Way

City State Zip Code
 Wakefield RI 02879-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : 7794825

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Daniel A. Weaver

Mailing Address PO BOX 631044

City

Nacogdoches

State

TX

Zip Code

75963-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : 7794826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen L. Herzberg

Mailing Address 18 Saldo Cir

City

New Rochelle

State

NY

Zip Code

10804-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Lew B. Sample

Mailing Address 1305 Brindwood Ln Se

City

Decatur

State

AL

Zip Code

35601-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Aimee S. Skelton

Mailing Address 504 Alabama Ave Sw

City

Fort Payne

State

AL

Zip Code

35967-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : 7801328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Martin F. Van Vliet

Mailing Address 68 Brams Hill Dr

City

Mahwah

State

NJ

Zip Code

07430-2590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : 7801329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael E. Vermette

Mailing Address 14 Oakmont Dr

City

Concord

State

NH

Zip Code

03301-6915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : 7801330

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Lisamarie Brazeau

Mailing Address 619 13Th St Ne

City

East Wenatchee

State

WA

Zip Code

98802-4563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801331

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Oles Basil Drobocky

Mailing Address #1 Chestnut Hill Ct

City

Bowling Green

State

KY

Zip Code

42103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Eugene L. Dellinger

Mailing Address 1326 Old Lantern Trl

City

Fort Wayne

State

IN

Zip Code

46845-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801333

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Brian Hamby

Mailing Address 134 Wilderness Ln #G

City State Zip Code
 Greenville SC 29607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mario Polo

Mailing Address B10 Calle Neptuno
 Paseo de la Fuente

City State Zip Code
 San Juan PR 00926-6476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephen W. Colby

Mailing Address 7416 Coventry Way

City State Zip Code
 Edina MN 55439-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Daniel M. DeAngelo

Mailing Address 65 Elizabeth Pl

City State Zip Code
 Canfield OH 44406-1590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801337

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Bruce S. Harris

Mailing Address 21 Aurora

City State Zip Code
 Irvine CA 92603-5709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert Baarsvik

Mailing Address 712 Dana Farms

City State Zip Code
 Fairhaven MA 02719-3385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801339

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Ronald G. Heiber

Mailing Address 1362 Hemlock Ct Ne

City

Lancaster

State

OH

Zip Code

43130-1177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mairead M. O'Reilly

Mailing Address 663 Santa Maria Ln

City

Davidsonville

State

MD

Zip Code

21035-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. James T. St Clair IV

Mailing Address 5614 83rd

City

Lubbock

State

TX

Zip Code

79424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801342

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Howard L. Howell

Mailing Address 701 Spottis Woode Ln

City

Clearwater

State

FL

Zip Code

33756-5267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond J. McMullen Jr.

Mailing Address 2327 Nottingham Dr

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Pete N. Bougas Jr.

Mailing Address 1231 Gulfport Run

City

Grayson

State

GA

Zip Code

30017-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801346

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Aron E. Dellinger

Mailing Address 15711 Viberg Rd

City

State

Zip Code

Leo

IN

46765-9599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John X. Cordoba

Mailing Address 1840 Bridgewater Dr

City

State

Zip Code

Heathrow

FL

32746-6906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary J. Romeo

Mailing Address 420 Birch Rd

City

State

Zip Code

Fairfield

CT

06824-6725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801351

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Cass D. Burrell

Mailing Address 15 Route 79

City

Killingworth

State

CT

Zip Code

06419-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801353

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick D. Hart

Mailing Address 13201 Barrister Pl

City

Woodbridge

State

VA

Zip Code

22192-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Casi B. Stubbs

Mailing Address 99 Sea Oats Rd

City

Santa Rosa Beach

State

FL

Zip Code

32459-5139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Glen F. Petrick

Mailing Address 3615 La Costa Rd

City

Missouri City

State

TX

Zip Code

77459-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2012

Transaction ID : 7801357

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William P. O'Gara

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2012

Transaction ID : 7801359

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brad Twaddle

Mailing Address 3705 Hunter Valley Dr

City

Columbia

State

MO

Zip Code

65203-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2012

Transaction ID : 7801360

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Felix A. Gen

Mailing Address 6209 N Huntington Dr

City State Zip Code
 Solon OH 44139-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801361

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Sal R. Cabassa

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801362

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth G. Purvis

Mailing Address RD 2 Box 354A

City State Zip Code
 Ligonier PA 15658-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801363

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gregory J. Jorgensen

Mailing Address 6420 Pojoaque Dr Nw

City State Zip Code
Albuquerque NM 87120-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Scott D. Hamilton

Mailing Address 5621 Sw Urish Rd

City State Zip Code
Topeka KS 66610-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801365

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Barry M. Rosenberg

Mailing Address 10 Norwood Rd

City State Zip Code
West Hartford CT 06117-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Joe Michael Richards

Mailing Address 1611 Lake Wilderness Ln

City
Kingwood

State
TX

Zip Code
77345-1880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael O. Woehst

Mailing Address 2951 Kingforest Drive

City
Kingwood

State
TX

Zip Code
77339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801368

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Harold L. Frank

Mailing Address 13208 Jasmine Hill Ter

City
Rockville

State
MD

Zip Code
20850-3665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801369

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. DeWayne B. McCamish

Mailing Address 11 Ballard Bluff Rd

City

Signal Mountain

State

TN

Zip Code

37377-2280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801371

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher C. Massey

Mailing Address 6114 77Th St

City

Lubbock

State

TX

Zip Code

79424-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Stephen D. Schasker

Mailing Address 6332 Templeton Ter

City

Sun Prairie

State

WI

Zip Code

53590-9582

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801373

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Myron S. Graff

Mailing Address 18822 Rue Loire

City

Lutz

State

FL

Zip Code

33558-5354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801374

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael G. Steinberg

Mailing Address 33 Rippling Brook Dr

City

Short Hills

State

NJ

Zip Code

07078-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801375

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Susan A. Leiva

Mailing Address 33 Inverness Ct

City

Monroe Township

State

NJ

Zip Code

08831-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801377

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas P. Rose

Mailing Address 9642 Featherhill Dr

City
Villa ParkState
CAZip Code
92861-2616FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2012

Transaction ID : 7801378

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Robert Schouten

Mailing Address 1513 E 300 S

City
SpringvilleState
UTZip Code
84663-2771FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2012

Transaction ID : 7801379

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles D. Alexander

Mailing Address 67132 Miami Rd

City
MontroseState
COZip Code
81401-9586FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2012

Transaction ID : 7801380

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian N. Hockenberger

Mailing Address 6445 Foxglove Dr

City

Medina

State

OH

Zip Code

44256-7863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801382

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David C. Hamilton Jr.

Mailing Address 815 36Th Avenue PI Nw

City

Hickory

State

NC

Zip Code

28601-8084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Petra Schubert

Mailing Address 3801 Purdue Ave

City

Dallas

State

TX

Zip Code

75225-7113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801384

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gregory F. Valeriano

Mailing Address 4514 Carmel Valley Rd

City

Charlotte

State

NC

Zip Code

28226-7408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : 7801386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark J. Kearns

Mailing Address 5 Shoff Ct

City

Mechanicsburg

State

PA

Zip Code

17055-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : 7801387

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kevin Michael Cassidy

Mailing Address 3146 SW Shadow Ln

City

Topeka

State

KS

Zip Code

66604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : 7801389

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Lance A. Albrechtsen

Mailing Address 3593 N Elkridge Trl

City

Eden

State

UT

Zip Code

84310-9827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John Joseph Marchetto

Mailing Address 2824 Hackney Rd

City

Weston

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Raymond H. Gilbert III

Mailing Address 10035 Los Cansados Rd Nw

City

Albuquerque

State

NM

Zip Code

87114-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801392

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth Cooperman

Mailing Address 789 W End Ave Apt 12-A

City State Zip Code
New York NY 10025-5469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801393

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert B. Hoffman

Mailing Address 730 Walnut Rd

City State Zip Code
Barrington IL 60010-3148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801394

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael D. Hayward

Mailing Address 114 Old Oak Rd

City State Zip Code
North Barrington IL 60010-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801395

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Greg Woodfin

Mailing Address 225 Chipley Ave

City

Pensacola

State

FL

Zip Code

32503-6422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801396

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Nicholas D. Barone

Mailing Address 19 Fair Oaks Dr

City

Lincoln

State

RI

Zip Code

02865-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801399

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brett Edward Eckley

Mailing Address 205 Rollingwood Dr

City

Beckley

State

WV

Zip Code

25801-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801400

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael A. Callan

Mailing Address 250 S 14Th St

City State Zip Code
 Clinton IA 52732-5435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert E. Varner

Mailing Address 161 Birdie Ln

City State Zip Code
 Roseburg OR 97471-9283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801403

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Hugh R. Phillis

Mailing Address 10 Poliquin Dr

City State Zip Code
 Nashua NH 03062-2264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801404

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gregory A. Johnson

Mailing Address 7637 Ballenshire S. Dr

City State Zip Code
Indianapolis IN 46254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801405

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard L. Ingraham

Mailing Address 5306 Greenbriar Dr

City State Zip Code
Corpus Christi TX 78413-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John B. Lem

Mailing Address 10 Lenox Cir

City State Zip Code
Andover MA 01810-5429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 7801407

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. E. Brian Smith

Mailing Address 978 Dusty Saddle

City State Zip Code
 Canyon Lake TX 78133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 17 2012

Transaction ID : 7801408

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James E. Lupi

Mailing Address 42 Hermitage Dr

City State Zip Code
 Stafford VA 22556-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 17 2012

Transaction ID : 7801410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Datwyler

Mailing Address 2840 Royal Park Dr

City State Zip Code
 Cameron Park CA 95682-9215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 17 2012

Transaction ID : 7801412

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 242

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael J. Kehoe

Mailing Address 3160 Hosner Rd

City

Dryden

State

MI

Zip Code

48428-9783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : 7801414

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. T. Gordon Handy Jr.

Mailing Address 531 Doub Rd

City

Lewisville

State

NC

Zip Code

27023-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : 7801416

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lee W. Graber

Mailing Address 21350 W Lakeview Pkwy

City

Mundelein

State

IL

Zip Code

60060-9603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2012

Transaction ID : 7801432

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jamie Drowley

Mailing Address 12133 Los Arroyos Ct

City

Las Vegas

State

NV

Zip Code

89138-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐
☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : 7805137

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Nathan M. Downey

Mailing Address 1136 Robin Ct

City

Bowling Green

State

OH

Zip Code

43402-8764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐
☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : 7805138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Wm. Graham Gardner

Mailing Address 9712 Cherokee Rd

City

Richmond

State

VA

Zip Code

23235-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐
☐

Primary

☐
☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : 7805139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Ed Wentz

Mailing Address #2 S Lakeshore Dr

City State Zip Code
Lake Ransom Canyon TX 79366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : 7805140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William Reginald Hatcher

Mailing Address 3253 Taylor Rd Ste 100

City State Zip Code
Chesapeake VA 23321-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : 7805142

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven C. Ricci

Mailing Address 1520 Mountclaire Dr

City State Zip Code
Cumming GA 30041-9524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : 7805143

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 242
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Dwight D. Baker

Mailing Address 3886 Westminister Pl

City

Idaho Falls

State

ID

Zip Code

83404-7974

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : 7805162

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gary R. Baughman

Mailing Address 4011 Fort Donelson Dr

City

Stockton

State

CA

Zip Code

95219-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : 7805163

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Frank R. Besson Jr.

Mailing Address 31 Allenby Ln

City

Scotch Plains

State

NJ

Zip Code

07076-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : 7805164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas D. Jusino

Mailing Address 1118 Forest Bay Dr

City

Waterford

State

MI

Zip Code

48328-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : 7805166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark S. Mappes

Mailing Address 7604 River Fork Dr

City

Nashville

State

TN

Zip Code

37221-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : 7805167

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James K. Poulsen

Mailing Address 2302 W Bolton St

City

Eagle

State

ID

Zip Code

83616-6796

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : 7805168

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 242

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James M. Welden Jr.

Mailing Address 104 Lancaster Ct

City

Dothan

State

AL

Zip Code

36305-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

Transaction ID : 7805169

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. R.G. (Wick) Alexander

Mailing Address 4013 Shady Valley Dr

City

Arlington

State

TX

Zip Code

76013-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

Transaction ID : 7805213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul E. Miller

Mailing Address 4906 Pebble Beach Dr

City

Quincy

State

IL

Zip Code

62305-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : 7813644

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 172 OF 242

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Albert M. Stush Jr.

Mailing Address 468 Farm Hollow Ln

City

Mifflinburg

State

PA

Zip Code

17844-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813645

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dean M. Bartlett

Mailing Address 177 Hartman Rd

City

Hudson Falls

State

NY

Zip Code

12839-9409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813646

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Dennis D. Sommers

Mailing Address 1418 Cook Dr

City

Minot

State

ND

Zip Code

58701-6827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813647

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Anthony V. Maresca

Mailing Address 5 Lantern Ct

City

Stony Brook

State

NY

Zip Code

11790-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	2

Transaction ID : 7813648

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason Roger Izzi

Mailing Address 46 Conifer Dr

City

North Providence

State

RI

Zip Code

02904-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	2

Transaction ID : 7813649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kimber DeWitt

Mailing Address 4272 S Meridian Rd

City

Mount Pleasant

State

MI

Zip Code

48858-9080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	2

Transaction ID : 7813650

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert F. Girgis

Mailing Address 1315 Brittany Ave

City

Naperville

State

IL

Zip Code

60540-8387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813652

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Holly R. Cantrell

Mailing Address 150 Fair Bianca Ct

City

Clarksville

State

GA

Zip Code

30523-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Henry DiLorenzo

Mailing Address 1201 Swan Harbour Cir

City

Fort Washington

State

MD

Zip Code

20744-7027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813820

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jennifer Edwards Butler

Mailing Address 131 Brooklane Ct

City

Conway

State

SC

Zip Code

29527-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	2

Transaction ID : 7813821

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael J. Foy

Mailing Address 5898 Cumbre Vista Way

City

Colorado Springs

State

CO

Zip Code

80924-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	2

Transaction ID : 7813823

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo J. Gerlein

Mailing Address 9133 Vendome Dr

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	2

Transaction ID : 7813824

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Terry A. Levitt

Mailing Address 19 Spruce Dr

City
Holland

State
PA

Zip Code
18966-5337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Walter Thomas Pattison

Mailing Address 12219 S Fox Den Dr

City
Knoxville

State
TN

Zip Code
37934-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ileana L. Cavanagh

Mailing Address 23 Wilkins Ct

City
Tinton Falls

State
NJ

Zip Code
07724-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813827

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Burton Louis Hagler

Mailing Address 1777 Cedar Ridge Dr

City

Spring Valley

State

OH

Zip Code

45370-9784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813828

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Parker

Mailing Address 38 Springfield Dr

City

Voorheesville

State

NY

Zip Code

12186-9322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813829

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David J. Huyser

Mailing Address 133 E Central Ave

City

Zeeland

State

MI

Zip Code

49464-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813830

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Edward Y. Lin

Mailing Address 555 Main Ave Apt 205

City

De Pere

State

WI

Zip Code

54115-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : 7813831

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David B. Clark

Mailing Address 2485 Turf Way

City

Shelbyville

State

IN

Zip Code

46176-8864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : 7813832

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Peter M. Skoler

Mailing Address 117 Old Farm Rd

City

Milton

State

MA

Zip Code

02186-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : 7813833

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Steven John Henseler

Mailing Address 9586 Bailey Rd

City State Zip Code
Woodbury MN 55129-9686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John Leo Mergen

Mailing Address 3990 Starry Night Court NE

City State Zip Code
Solon IA 52333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813837

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael A. Harrison

Mailing Address 14 Bateswood Dr

City State Zip Code
Greer SC 29651-7680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 7813839

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 242

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Devon R. Cook

Mailing Address 7444 Shadow Brook Dr

City

Newburgh

State

IN

Zip Code

47630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : 7813841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Teichman

Mailing Address 1566 Silver Trl

City

Napa

State

CA

Zip Code

94558-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : 7813842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert M. Merrill

Mailing Address 1026 N Fairview Pl

City

East Wenatchee

State

WA

Zip Code

98802-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : 7818477

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 242

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael J. Mahaffey

Mailing Address 130 Manor Dr

City	State	Zip Code
Fayetteville	GA	30215-2960

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Melissa Wilson Venrick

Mailing Address 1055 Willow Creek Cir

City	State	Zip Code
Longmont	CO	80503-7592

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830915

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Roland K. Fulcher

Mailing Address 113 Tea Farm Rd

City	State	Zip Code
Summerville	SC	29483-4213

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830916

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Alon Grosman

Mailing Address 1635 Island Way

City

Weston

State

FL

Zip Code

33326-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. T. Todd Britt

Mailing Address 4806 Thunder River Dr

City

Gainesville

State

GA

Zip Code

30506-7510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeremy Ray McKinney

Mailing Address 14811 Highway 171

City

Northport

State

AL

Zip Code

35475-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830920

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Rinaldo Caponera

Mailing Address 1315 Ne 14Th Ave

City

Fort Lauderdale

State

FL

Zip Code

33304-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mary Eve Maestre

Mailing Address 482 Fort Washington Ave Apt 3C

City

New York

State

NY

Zip Code

10033-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jason Lee Charnley

Mailing Address 15880 Prospect Point Dr

City

Spring Lake

State

MI

Zip Code

49456-1581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830923

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Nile G. Scott

Mailing Address 117 E Saddlewood Dr

City State Zip Code
 Pueblo West CO 81007-5036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : 7830924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kathleen J. Nuckles

Mailing Address 202 San Vicente Blvd Apt 7

City State Zip Code
 Santa Monica CA 90402-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : 7830925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Gregory L. Adams

Mailing Address 10315 Tranquil Glen Ct

City State Zip Code
 Sacramento CA 95829-6579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : 7830926

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. John M. Wirant

Mailing Address 2602 Eland Downe

City

Phoenixville

State

PA

Zip Code

19460-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ronald E. Unterseher

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Anne D. Angle

Mailing Address 2709 Baldeagle Cir

City

Audubon

State

PA

Zip Code

19403-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830933

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 242

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Donald W. Cassidy Jr.

Mailing Address 156 Barton St

City

Presque Isle

State

ME

Zip Code

04769-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : 7830934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James R. Williams

Mailing Address 2207 Mountainview Rd

City

Austin

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : 7830935

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Dennis C. Hiller

Mailing Address 93 Hiller Rd

PO Box 518

City

Jackson

State

NH

Zip Code

03846-0518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : 7830936

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael L. Conlon

Mailing Address 29920 Tanya Trl

City

Libertyville

State

IL

Zip Code

60048-1688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Zachary J. Mellion

Mailing Address 3623 Sanctuary Dr

City

Akron

State

OH

Zip Code

44333-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Bruce Fox

Mailing Address 7 Kings Ridge Rd

City

Randolph

State

NJ

Zip Code

07869-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kyle Ray Childers

Mailing Address 2779 Kokopelli Dr

City

Marion

State

IL

Zip Code

62959-5242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830941

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kimberly Gafkjen Bohlig

Mailing Address 1810 Fairfield Rd S

City

Minnetonka

State

MN

Zip Code

55305-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830942

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Deborah A. Sema

Mailing Address 1841 Windsor Blvd

City

Homewood

State

AL

Zip Code

35209-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830943

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian Scott

Mailing Address 6 Silversmith Ct

City

Pueblo

State

CO

Zip Code

81008-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2012

Transaction ID : 7830944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James R. Wortham

Mailing Address 1316 Belleaire Cir

City

Orlando

State

FL

Zip Code

32804-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2012

Transaction ID : 7830947

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Nahid Maleki

Mailing Address 8800 Bel Air Pl

City

Potomac

State

MD

Zip Code

20854-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2012

Transaction ID : 7830948

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David C. Becka

Mailing Address 6297 Loudoun Springs Dr

City State Zip Code
Frisco TX 75034-3682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830950

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Rodney J. Klima

Mailing Address 9807 Flintridge Ct

City State Zip Code
Fairfax VA 22032-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830951

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James A. Morrish Jr.

Mailing Address 3504 Riverview Blvd

City State Zip Code
Bradenton FL 34205-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830952

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas Joseph Borgula

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert N. Seebold

Mailing Address 5 Breezy Ct

City State Zip Code
Danville PA 17821-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830955

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Michael Skafidas

Mailing Address 5051 Oak Tree Ln

City State Zip Code
Stone Mountain GA 30087-3289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830956

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 242

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David E. Drake

Mailing Address 3944 Orchard Ln
PO Box 394

City	State	Zip Code
Scotland	PA	17254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dean P. Leonard

Mailing Address 1612 Bay Oaks Dr

City	State	Zip Code
Albert Lea	MN	56007-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830958

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Ralph S. Kurti

Mailing Address PO BOX 658

City	State	Zip Code
Franklin	NC	28744-0658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 7830960

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth M. Hrechka

Mailing Address 7201 Ludwood Ct

City

Alexandria

State

VA

Zip Code

22306-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830962

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James E. Madigan

Mailing Address 4 Oakhurst Dr

City

Butler

State

PA

Zip Code

16002-3870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830963

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edwin L. Morris

Mailing Address 7635 Chapman Rd

City

Kingsville

State

MD

Zip Code

21087-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : 7830964

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Alan A. Curtis

Mailing Address 1079 E Hopkins Rd

City
Gilbert

State
AZ

Zip Code
85295-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : 7831014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Emma M. DiCarlo

Mailing Address 4517 Ihles Rd

City

Lake Charles

State

LA

Zip Code

70605-3959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : 7831015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Konys

Mailing Address 4470 Red Spruce Ln

City

Manlius

State

NY

Zip Code

13104-9379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : 7831016

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 195 OF 242

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Judith Anne Okun

Mailing Address 191 Albemarle Rd

City

White Plains

State

NY

Zip Code

10605-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : 7831017

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michelle L. Bergsrud

Mailing Address 5008 Woodhurst Ln

City

Minnetonka

State

MN

Zip Code

55345-4644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : 7831042

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael J. Erhart

Mailing Address 2523 Fairbanks Ct

City

Naperville

State

IL

Zip Code

60540-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : 7831043

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Richard A. Ballard

Mailing Address 501 Creekside Ln

City

Sandpoint

State

ID

Zip Code

83864-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : 7831044

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Denise Angella Hall

Mailing Address 4154 Chimney Hts Ne

City

Roswell

State

GA

Zip Code

30075-5289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : 7831045

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Jorge C. Coro

Mailing Address 5655 Granada Blvd

City

Coral Gables

State

FL

Zip Code

33146-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : 7831048

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Thomas M. Stark

Mailing Address 2115 Hughes St

City

Ames

State

IA

Zip Code

50014-7022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2012

Transaction ID : 7831049

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony Rinaldi

Mailing Address 5755 Richmond Park Dr

City

Mason

State

OH

Zip Code

45040-7293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas E. Merrill

Mailing Address 716 Skiview Dr

City

East Wenatchee

State

WA

Zip Code

98802-4043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837271

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. David Markham

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 7837272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. W. Keith Harvey

Mailing Address 4201 Wilkinson Way

City

State

Zip Code

Mobile

AL

36608-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 7837273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert R. Westbrook

Mailing Address 317 Tracy Ln

City

State

Zip Code

Victoria

TX

77904-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 7837274

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kimberly Lutz Gragg

Mailing Address 301 Riverside Dr

City

Morganton

State

NC

Zip Code

28655-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael DeLuke

Mailing Address 823 Via Marchella

City

Schenectady

State

NY

Zip Code

12303-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837277

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James E. Paschal

Mailing Address 1050 Sugar Creek Church Rd

City

Madison

State

GA

Zip Code

30650-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837278

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. J. Mark Felton

Mailing Address 5205 N Linn Ave

City

Oklahoma City

State

OK

Zip Code

73112-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. G. Robert Bradley

Mailing Address 104 High Sierra Dr

City

Boerne

State

TX

Zip Code

78006-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837283

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Rex A. Johnson

Mailing Address 1567 Walnut Dr

City

Brighton

State

CO

Zip Code

80601-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 7837284

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Norman J. Nagel

Mailing Address 1539 Via Aracena

City

Camarillo

State

CA

Zip Code

93010-7444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 7851830

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Tracy Stauffer Herion

Mailing Address 15540 Village Dr

City

Lake Oswego

State

OR

Zip Code

97034-3750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 7851831

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Curtis Roy Dunn

Mailing Address 10921 Bentwater Ln

City

Woodbury

State

MN

Zip Code

55129-5236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 7851832

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Chris H. Henry

Mailing Address 3030 Forrest Dr

City

Fairbanks

State

AK

Zip Code

99709-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 7851834

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Hardy Fields

Mailing Address 3624 Bryn Mawr Dr

City

Dallas

State

TX

Zip Code

75225-7214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : 7852404

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John A. Diddle

Mailing Address 5301 Hickory Hollow Rd

City

Knoxville

State

TN

Zip Code

37919-9318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : 7853425

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Carlin L. Wiemers

Mailing Address 120 Mayan Way

City

Mankato

State

MN

Zip Code

56001-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 7853427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ross Ian Mohr

Mailing Address 10932 Modesto Ave Ne

City

Albuquerque

State

NM

Zip Code

87122-4052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 7853428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William C. Heintz

Mailing Address #4 Fairmount Dr S

City

Alton

State

IL

Zip Code

62002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 7853429

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Joseph K. Buchanan

Mailing Address 25 Kemp Ct

City

Alamo

State

CA

Zip Code

94507-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 7853430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Phillip M. Campbell

Mailing Address 3102 Ross Ave Ste 7

City

Dallas

State

TX

Zip Code

75204-5514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 7853431

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Benjamin F. Lowe Jr.

Mailing Address 309 Stonewyck Dr

City

Burlington

State

NC

Zip Code

27215-4465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 7853432

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Kelly Collins

Mailing Address 2018 Carnoustie Ct

City

Fort Mill

State

SC

Zip Code

29707-7763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : 7853996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth Banasiak

Mailing Address 407 Boulder Ridge Dr

City

Randolph

State

NJ

Zip Code

07869-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : 7853999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jerome A. Jarosz

Mailing Address 208 W Plum Grove Cir

City

Arlington Heights

State

IL

Zip Code

60004-1373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : 7854000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Seuss Kasssieh

Mailing Address 5502 E Sapphire Ln

City

Paradise Valley

State

AZ

Zip Code

85253-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : 7854001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michal Kleinlerer

Mailing Address 654 Kenduskeag Ave

City

Bangor

State

ME

Zip Code

4401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : 7854002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas L. Jaeger

Mailing Address 8607 W Driftwood Drive

City

Coeur D'Alene

State

ID

Zip Code

83814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : 7854003

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Meredith Lynn Quimby

Mailing Address 9000 Masters Court Dr

City

Waxhaw

State

NC

Zip Code

28173-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : 7854004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen P. Shepard

Mailing Address 3401 Oakmont Dr

City

Harlingen

State

TX

Zip Code

78550-7833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : 7854005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert S. Goldie

Mailing Address 8801 Lake Sheen Ct

City

Orlando

State

FL

Zip Code

32836-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : 7854006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Richard L. Fogel

Mailing Address 718 Washington Ave

City

Elyria

State

OH

Zip Code

44035-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : 7854009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mai Tran Ferrara

Mailing Address 4301 Avenue A

City

Austin

State

TX

Zip Code

78751-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : 7854010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Howard A. Fine

Mailing Address 9 Sullivan Rd

City

Goldens Bridge

State

NY

Zip Code

10526-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : 7854012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Erik K. TinHan

Mailing Address 727 Kapaia St

City

Honolulu

State

HI

Zip Code

96825-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2012

Transaction ID : 7862384

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. D. Mark Babcock

Mailing Address 200 Jennings Dr

City

Yorktown

State

VA

Zip Code

23692-3167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2012

Transaction ID : 7863170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Douglas N. Smith

Mailing Address PO BOX 21

345 BROAD ST.

City

Saegertown

State

PA

Zip Code

16433-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2012

Transaction ID : 7863171

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Christopher S. Freeman

Mailing Address 1475 SW 18 Ave

City

Fort Lauderdale

State

FL

Zip Code

33312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2012

Transaction ID : 7864412

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard C. Ellingsen

Mailing Address 1601 S Stanley Ln

City

Spokane Valley

State

WA

Zip Code

99212-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2012

Transaction ID : 7864413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Vincent G. Kokich

Mailing Address 1018 Corona Dr

City

Tacoma

State

WA

Zip Code

98466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2012

Transaction ID : 7864414

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Christy J. Savage

Mailing Address 7207 Wakefield Cir

City State Zip Code
 Vestavia AL 35242-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 18 2012

Transaction ID : 7864416

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Howard L. Hunt

Mailing Address 2161 Golf Course Rd

City State Zip Code
 Bayside CA 95524-9024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 18 2012

Transaction ID : 7864417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jyoti Mann

Mailing Address 5701 Seville Ct

City State Zip Code
 Plano TX 75093-4230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 18 2012

Transaction ID : 7864418

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Gerard Cassinelli

Mailing Address 6571 Heritage Club Dr

City	State	Zip Code
Mason	OH	45040-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7864419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank J. Stich III

Mailing Address 524 Wales Ct

City	State	Zip Code
Coppell	TX	75019-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7864452

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. James E. Hatcher

Mailing Address 147 Inwood Trl

City	State	Zip Code
Madison	AL	35758-1386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7864831

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Lavonne K. Fore

Mailing Address 18 Bridgeview Dr SE

City

Rome

State

GA

Zip Code

30161-8471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 7864832

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey W. Jordan

Mailing Address 1040 Lake Shore Overlook

City

Alpharetta

State

GA

Zip Code

30005-6984

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 7864835

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Howard L. Hunt

Mailing Address 2161 Golf Course Rd

City

Bayside

State

CA

Zip Code

95524-9024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 7864836

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Merilynn Yamada

Mailing Address 3628 Ocean View Ave

City

Los Angeles

State

CA

Zip Code

90066-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 7864837

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert M. Cuenin

Mailing Address 18 Gary Way

City

Alamo

State

CA

Zip Code

94507-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 7864838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lawrence A. Johnson

Mailing Address 1950 Cliffview Ct

City

Oshkosh

State

WI

Zip Code

54901-2579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 7864839

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Gregory Thomas Cohlma

Mailing Address 14805 Le Grande

City State Zip Code
Addison TX 75001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 20 2012

Transaction ID : 7867269

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Meridith L. Long

Mailing Address 126 Brookview Cir Nw

City State Zip Code
Atlanta GA 30339-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 20 2012

Transaction ID : 7867270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lindsay Durham Limbaugh

Mailing Address 3009 Cobble Farms Dr Se

City State Zip Code
Hampton Cove AL 35763-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 20 2012

Transaction ID : 7867272

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Normand Boucher

Mailing Address 605 Woodleave Rd

City

Bryn Mawr

State

PA

Zip Code

19010-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : 7867273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John M. Capogna

Mailing Address 1292 Merritts Rd

City

Farmingdale

State

NY

Zip Code

11735-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : 7867274

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Raymond M. Sugiyama

Mailing Address 3801 N Weston Pl

City

Long Beach

State

CA

Zip Code

90807-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : 7867276

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. D. Spencer Pope

Mailing Address 1115 Green Glen Ct

City

New Lenox

State

IL

Zip Code

60451-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 7867277

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Duward T. Fulmer

Mailing Address 307 Sagamore Ln

City

Simpsonville

State

SC

Zip Code

29681-5757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 7867279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven H. Tinsworth

Mailing Address 704 51st St Nw

City

Bradenton

State

FL

Zip Code

34209-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 7867280

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Sammy R. Bryan

Mailing Address 2200 Robinson Way

City State Zip Code
Huntsville TX 77340-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 7867281

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James W. McDaniel

Mailing Address 1201 Rocky Dell Ln

City State Zip Code
Signal Mountain TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 7867284

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. R. Sims Tompkins

Mailing Address 727 Spring Lake Rd

City State Zip Code
Columbia SC 29206-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 7877943

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Brian P. Radulovich

Mailing Address 13087 E Heather Ln

City

Columbia Station

State

OH

Zip Code

44028-9689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 7877944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Debra Dobbs

Mailing Address PO BOX 807

City

Saint James

State

NY

Zip Code

11780-0807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 7877950

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey S. Genecov

Mailing Address 5211 Pebblebrook Dr

City

Dallas

State

TX

Zip Code

75229-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 7877951

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Robert H. Lindsey Jr.

Mailing Address 7306 W Us Highway 70

City
Plainview

State
TX

Zip Code
79072-0715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 7877952

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Celia S. Martin

Mailing Address 900 Sw 62Nd Blvd # I-58

City

Gainesville

State

FL

Zip Code

32607-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 7877953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert B. Moss Jr.

Mailing Address 349 Hickory Grove Rd

City

Leesburg

State

GA

Zip Code

31763-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : 7877954

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Sandra E. Selnick

Mailing Address 11874 Farside Rd

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2012

Transaction ID : 7877955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ian Sobler

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2012

Transaction ID : 7877956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert T. Caskey

Mailing Address 3420 S Moore Cir

City

Flagstaff

State

AZ

Zip Code

86001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7892165

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Michael J. Riccio

Mailing Address 4 Fille St

City

Ipswich

State

MA

Zip Code

01938-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 7892166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. David L. Crouch

Mailing Address 4923 Monta Vista Dr E

City

Edgewood

State

WA

Zip Code

98372-9275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 7892167

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert D. Calcote

Mailing Address 1533 Fairway Dr

City

Charleston

State

SC

Zip Code

29412-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 7892170

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Andrew Kapust

Mailing Address 6712 Klein St Nw

City Olympia State WA Zip Code 98502-3362

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7892171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey W. Ball

Mailing Address 3903 Hazel Glade Ct

City Houston State TX Zip Code 77059-3717

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7892172

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth S. Carlough

Mailing Address 80 Wesley Ave

City Westbrook State CT Zip Code 6498

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7892173

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. James Dunlap Leitner III

Mailing Address 8332 Indigo Row

City

Charlotte

State

NC

Zip Code

28277-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7892174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Todd J. Hughes

Mailing Address 87 N Gary Glen Cir

City

The Woodlands

State

TX

Zip Code

77382-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7892175

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven P. Billings

Mailing Address 9980 Nw Windover Ln

City

Kansas City

State

MO

Zip Code

64153-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7892182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Scott Gibson Blackman

Mailing Address 120 Danford Dr

City

Clarksville

State

TN

Zip Code

37043-6283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 7892183

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark S. Geller

Mailing Address #4 Manzano Cir

City

Dallas

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 7892185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. M. John Pautienis

Mailing Address 155 Woodside Rd

City

West Barnstable

State

MA

Zip Code

02668-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 7892186

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

183600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement

011

Candidate Name

Rep. Brett GuthrieCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 7749528

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress Inc

Mailing Address PO Box 780146

City	State	Zip Code
Wichita	KS	67212

Purpose of Disbursement

011

Candidate Name

Rep. Mike PompeoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 7749532

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Sam Johnson

Mailing Address PO Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement

011

Candidate Name

Sam JohnsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 7749537

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address 29 Ruff Circle

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement

Candidate Name

Rep. John Larson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 7749539

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement

Candidate Name

Rep. Jeb Hensarling

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2012

Transaction ID : 7759510

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Angus King For Us Senate CampaignMailing Address 135 Maine Street
PO Box 368

City	State	Zip Code
Brunswick	ME	04011

Purpose of Disbursement

Candidate Name

Mr. Angus King

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: ME District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2012

Transaction ID : 7771642

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Pompeo For Congress Inc

Mailing Address PO Box 780146

City	State	Zip Code
Wichita	KS	67212

Purpose of Disbursement
Void - Pompeo For Congress Inc

Candidate Name

Rep. Mike Pompeo

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : 7775792

Amount of Each Disbursement this Period

-2500.00

Void - Pompeo For Congress Inc

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress Inc

Mailing Address PO Box 780146

City	State	Zip Code
Wichita	KS	67212

Purpose of Disbursement

Candidate Name

Rep. Mike Pompeo

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : 7775793

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Romney Victory, Inc.

Mailing Address 585 Commercial Street

City	State	Zip Code
Boston	MA	02109

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : 7787323

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 OF 242

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dold For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Mailing Address PO Box 8145

City	State	Zip Code
Northfield	IL	60093

Transaction ID : 7837624

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00

Candidate Name

Mr. Robert DoldCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 10

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Transaction ID : 7837626

Purpose of Disbursement

011

Amount of Each Disbursement this Period

15000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Latham For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

Mailing Address PO Box 8237

City	State	Zip Code
Des Moines	IA	50301

Transaction ID : 7851764

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Thomas LathamCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District: 04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bass Victory Committee

Mailing Address PO Box 3451

City	State	Zip Code
Concord	NH	03302

Purpose of Disbursement

011

Candidate Name

Mr. Charles Bass

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864374

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Judy Biggert For Congress

Mailing Address P.O. Box 637

City	State	Zip Code
Hinsdale	IL	60522

Purpose of Disbursement

011

Candidate Name

Rep. Judy Biggert

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864826

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress 2002

Mailing Address 5915 Eastman Avenue Suite 100

City	State	Zip Code
Midland	MI	48640

Purpose of Disbursement

011

Candidate Name

Dave Camp

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864827

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Canseco For Congress

Mailing Address 10004 Wurzbach Road #366

City	State	Zip Code
San Antonio	TX	78230

Purpose of Disbursement

011

Candidate Name

Mr. Francisco CansecoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864828

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. EricPac

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864829

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Steve Chabot for Congress

Mailing Address 3014 Harrison Ave

City	State	Zip Code
Cincinnati	OH	45211

Purpose of Disbursement

011

Candidate Name

Steve ChabotCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864830

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Coffman For Congress 2012

Mailing Address 9249 South Broadway #200-501

City	State	Zip Code
Highlands Ranch	CO	80129

Purpose of Disbursement

011

Candidate Name

Rep. Mike CoffmanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864840

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

City	State	Zip Code
Dunn	NC	28335

Purpose of Disbursement

011

Candidate Name

Rep. Renee Ellmers RNCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864841

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Flores For Congress

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement

011

Candidate Name

Rep. Bill FloresCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864842

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Trey Gowdy For Congress

Mailing Address PO Box 3324

City	State	Zip Code
Spartanburg	SC	29304

Purpose of Disbursement

011

Candidate Name

Rep. Trey GowdyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7864843

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Morgan Griffith For Congress

Mailing Address PO Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement

011

Candidate Name

H Morgan GriffithCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7864844

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Frank Guinta

Mailing Address PO Box 877

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement

011

Candidate Name

Rep. Franklin GuintaCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7864845

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Heck

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement

011

Candidate Name

Rep. Joseph HeckCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 03

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7864990

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jaime Herrera For Congress

Mailing Address PO Box 1614

City	State	Zip Code
Ridgefield	WA	98642

Purpose of Disbursement

011

Candidate Name

Jaime HerreraCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 03

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7865137

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Hurt For Congress

Mailing Address PO Box 2

City	State	Zip Code
Chatham	VA	24531

Purpose of Disbursement

011

Candidate Name

Mr. Robert HurtCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 05

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7865138

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

011

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

MM / DD / YYYY

011

Age Group	Percentage
18-24	25.00
25-34	20.00
35-44	15.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	2.00

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

011

2500.00

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement

011

Candidate Name

Rep. Joseph Pitts

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865142

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dave Reichert for Congress

Mailing Address PO Box 53322

City	State	Zip Code
Bellevue	WA	98015

Purpose of Disbursement

011

Candidate Name

David Reichert

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865143

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement

011

Candidate Name

Rep. Frederick Upton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865145

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Allen West For Congress

Mailing Address PO Box 1108

City	State	Zip Code
Stuart	FL	34995

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Allen West

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865152

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James Clyburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865157

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Donna Edwards For Congress

Mailing Address P.O. Box 441153

City	State	Zip Code
Fort Washington	MD	20749

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Donna Edwards

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865171

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement

Candidate Name

Rep. Anna Eshoo

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 14

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7865172

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address P.O. Box 1092

City	State	Zip Code
Warren	MI	48092

Purpose of Disbursement

Candidate Name

Sander Levin

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 12

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7865173

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address PO Box 2323

City	State	Zip Code
Atlanta	GA	30301

Purpose of Disbursement

Candidate Name

John Lewis

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 05

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7865174

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement

Candidate Name

Rep. Doris Matsui

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865175

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865176

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kind For Congress CommitteeMailing Address 205 South 5th Ave
Suite 428

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement

Candidate Name

Rep. Ron Kind

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WI	District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865177

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 240 OF 242

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Richmond For CongressMailing Address 1631 Elysian Fields
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement

Candidate Name

Rep. Cedric RichmondOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865178

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address 201 Leedom St

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement

Candidate Name

Rep. Allyson SchwartzOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865179

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

Candidate Name

Rep. Nydia VelazquezOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865180

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 242

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City	State	Zip Code
New Castle	DE	19720

Purpose of Disbursement

011

Candidate Name

Sen. Thomas Carper

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865181

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Ben Cardin for Congress

Mailing Address 100 East Pratt Street 27th Floor

City	State	Zip Code
Baltimore	MD	21202

Purpose of Disbursement

011

Candidate Name

Benjamin Cardin

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865182

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Maria

Mailing Address PO Box 12740

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement

011

Candidate Name

Sen. Maria Cantwell

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 7865183

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 242 OF 242

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Manchin For West Virginia

Mailing Address PO Box 5202

City	State	Zip Code
Charleston	WV	25361

Purpose of Disbursement

011

Candidate Name

Sen. Joe Manchin III

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 7865184

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

128500.00